Kp Aesthetics
Cosmetic Medicine

Dermaplaning Consent Form

Dermaplaning uses a blade to gently exfoliate outer layer of dead skin cells and remove fine hair commonly known as “peach fuzz”. This procedure produces an immediately more radiant appearance. Following this treatment, makeup application is smoother and other skin products penetrate deeper making them more effective.

After a treatment skin may feel tight and warm as if exposed to the sun or wind, but this should resolve within 24 hours. Slight redness and swelling might appear with more intensive treatments.

Your fresh, newly exposed skin will be delicate. It is important that you use a mild basic cleanser and keep the skin well moisturized particularly around the delicate eye area. You should use a full spectrum sunblock daily. Avoid the use of Retinol-A, Renova, alpha or beta hydroxyl acid products and all forms of scrubs for at least 24 hours after a treatment. Avoid swimming and tanning beds for at least one week.

I understand that the treatment may involve the risk of complication or injury and I freely assume those risks. Anytime the skin barrier is broken, there is a small risk of bacterial or viral infection. Possible side effects of the treatment area can include mild redness of the skin, irritation and dryness. Additionally, nicks to the skin can occur due to the sharp surgical blade. Patient will be notified and the area will be treated if necessary. The hair is expected to grow back blunt-ended. New hair will not appear darker or denser. However, I do understand that any hormonal imbalance that may be present within my anatomical system can alter normal hair growth pattern.

*****SIGNATURE ON BACK PAGE*****

If a chemical peel is part of this treatment I understand that the sensation and penetration of the peel will be enhanced which may cause skin irritation, mild discomfort, and tenderness, lightening or darkening of the skin, infection, scarring, peeling, and activation of cold sores.

The nature and purpose of this treatment has been explained to me and any questions I have regarding the treatment have been answered to my satisfaction.
I hereby give consent to perform a Dermaplaning treatment. I agree to hold KP Aesthetics harmless for any adverse reactions due to omitted information and/or misinformation on the Client Consultation and Release Form and/or from actions which deviate from pre- and post-care procedures.

I certify that I have read this entire consent form and that I understand and agree to the information provided in this form. I certify that I am competent adult of at least 18 years of age, or that, if I am a minor under the age of 18, I understand that the consent of my parent/guardian having legal custody will also be required before treatment. I agree and adhere to all safety precautions and regulations during the skin treatment.

Patient Name: Date:

Patient Signature: Date:

Provider Name: Date:

Provider Signature: Date: